


# FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$10,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER  509-684	2. PERIOD COVERED MO DAY YEAR From 07 01 2000 Through 06 30 2001	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:  (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section X of the instructions and check here:
	8. MAILING ADDRESS (Type or print in capital letters.)  First Name Michael  Last Name JENKINS  P.O. Box • Building and Room Number (if any)  Number and Street 40 NORTH NICE ST  City FRACKVILLE  State ZIP Code + 4 PA 17931-		
<b>IMPORTANT</b>  Peel off the address label from the back of the package and place it here.  If the label information is correct, leave Items 4 through 8 blank.  If any of the label information is incorrect, complete Items 4 through 8.  UBC & J of AMERICA			
4. AFFILIATION OR ORGANIZATION NAME		5. DESIGNATION (Local, Lodge, etc.) LOCAL	
6. DESIGNATION NUMBER 1059		7. UNIT NAME (if any)	

19. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number	
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Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

20. SIGNED: <u>Michael S. Jenkins</u> 9/25/01 Date	PRESIDENT (If other title, see instructions.) 570 874-3975 Telephone Number	21. SIGNED: <u>Ronald Antalsky</u> 9/25/01 Date	TREASURER (If other title, see instructions.) 570 874-11029 Telephone Number
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Complete Items 9 through 18.

9. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No  
✓

10. Did your organization change its rates of dues and fees during the reporting period? .....  
(If "Yes," report the new rates in Item 19 on page 1.)

Yes No  
✓

11. Did your organization discover any loss or shortage of funds or property during the reporting period? .....  
(If "Yes," provide details in Item 19 on page 1. Answer "Yes" even if there has been repayment or recovery.)

Yes No  
✓

12. Was your organization insured by a fidelity bond during the reporting period? .....

Yes No  
✓

If "Yes," enter the maximum amount recoverable under the bond for loss caused by any person.

\$

13. How many members did your organization have at the end of the reporting period?

32

14. Enter the total value of your organization's assets at the end of the reporting period (cash, bank accounts, equipment, etc.). \$ 5248

15. Enter the total liabilities (debts) of your organization at the end of the reporting period (unpaid bills, loans owed, etc.). \$ 0

16. Enter the total receipts of your organization during the reporting period (dues, fees, interest received, etc.). (If \$10,000 or more, your organization must file Form LM-2 or LM-3 instead of this form.) \$ 6912

17. Enter the total disbursements made by your organization during the reporting period (per capita tax, loans made, net payments to officers, payments for office supplies, etc.). \$ 4800

18. Enter the total payments to officers and employees during the reporting period (gross salaries, lost time payments, allowances, expenses, etc.). \$ 0

Please be sure to:

- Enter your union's 6-digit file number in Item 1.
- Report a time period of no more than one year in Item 2.
- Have your union's president and treasurer sign the Form LM-4 in Items 20 and 21.
- **FILE ON TIME.** Form LM-4 must be filed within 90 days after the end of your union's fiscal year.